

PTO/SB/01 (01-06)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/749,996
	Filing Date	12/31/2003
	First Named Inventor	Shpiro, Zeev
	Title	COMPREHENSIVE SPOKEN LANGUAGE LEARNING SYSTEM
	Art Unit	2644
	Examiner Name	Not Yet Known
	Attorney Docket Number	026285-000810

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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20350

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Name	Registration Number

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>V. Karasava</i>	Date	22 May '06
Name	Vaso Karasava	Telephone	(25) 353698
Title and Company	Managing Director.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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